

DCCO FORM 10
Rev. 8/90STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

CERTIFICATION OF CLEARANCE AND/OR CHANGE OF OPERATOR

(Please submit original and 3 copies per well)

WELL LEASE NO.	LEASE NAME	WELL NO.	API NO.
	Champlin-Larsen	23-14X	05-017-00472
FIELD NAME & NO.	COUNTY	LOCATION (T. & R. SEC. TWP. & R. & S.)	
Grouse 33378	Cheyenne	SE SW Section 23, T15S-R46W	
OPERATOR NAME	OPERATOR ADDRESS	DCCO FORM NO.	AREA CODE PHONE NUMBER
Pintail Petroleum, Ltd.	225 N. Market, Suite 300	70430	(316) 263-2243
CITY	STATE	ZIP CODE	PREVIOUS OPERATOR
Wichita	KS	67202	Lewis & Clark Exploration Company
			EFFECTIVE DATE OF CHANGE
			4-1-95
			NEW OPERATOR SIGNATURE STATUS
			<input checked="" type="checkbox"/> BLANKET <input type="checkbox"/> SINGLE <input type="checkbox"/> RIDGE

* Complete only if this well is part of a previously producing lease.

** Complete only if change of operator or change of company name.

PRODUCING FORMATION(S) (A separate FORM 10 must be submitted for each producing formation of a Multiple Completion.)	
CURRENT WELL STATUS	DATE FIRST IN OR PRODUCTION RESUMED
TA	1985

TYPE OF COMPLETION (More than one may apply)	
<input type="checkbox"/> NEW COMPLETION	<input type="checkbox"/> COMMINGLED COMPLETION
<input type="checkbox"/> RECOMPLETION	<input type="checkbox"/> MULTIPLE COMPLETION
New Well Test Data on 24 hr. Basis: Test Date _____	
Bbls. Oil _____	Mcf Gas _____
Bbls. Wtr. _____	

OIL TRANSPORTER (First Purchaser)	
NAME	DCCO NO.
ADDRESS	
CITY	STATE
AREA CODE	PHONE NUMBER
()	()
DATE OF FIRST PRODUCTION	

GAS GATHERER (First Purchaser)	
NAME	DCCO NO.
ADDRESS	
CITY	STATE
AREA CODE	PHONE NUMBER
()	()
DATE OF FIRST SALES	

ROYALTY OWNER	
<input type="checkbox"/> STATE	<input type="checkbox"/> FEDERAL
<input type="checkbox"/> INDIAN	<input checked="" type="checkbox"/> FEE
State, Federal or Indian Lease # _____	
TOTAL ACRES IN LEASE	ACRES ASSIGNED TO WELL
80	40
	<input type="checkbox"/> Standup
	<input type="checkbox"/> Laydown

METHOD OF WATER DISPOSAL	
FACILITY NUMBER _____	
<input type="checkbox"/> CENTRAL PIT	<input type="checkbox"/> COMMERCIAL PIT
<input type="checkbox"/> ON-SITE PIT	<input type="checkbox"/> INJECTION WELL
<input type="checkbox"/> N/A	

Remarks: _____

The undersigned certifies that the rules and regulations of the Oil and Gas Conservation Commission of the State of Colorado have been complied with except as noted above and that the transporter(s) is (are) authorized to transport the oil and/or gas produced from the above described well and that this authorization will be valid until further notice to the transporter named herein or until cancelled by the Colorado Oil and Gas Conservation Commission.

NAME (PRINT) Walter Innes Phillips TITLE PresidentDATE 6/22/95SIGNED Walter Innes Phillips

(THIS SPACE FOR STATE OFFICE USE ONLY)

APPROVED BY B. T. BrubakerDIRECTOR
O & G Cons. Comm.

DATE

JUN 23 1995

BEST IMAGE
AVAILABLE